Foster Family Home - Corrective Action Report

Provider ID:

1-180089

Home Name:

Maricel Napoles, NA

Review ID:

1-180089-2

94-527 Palai Street

Reviewer:

Jackie Chamberlain

Waipahu

HI 96797

Begin Date:

11/8/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - see applicable sections of the review

Home is in compliance with all requirements. Home will receive a 2 bed 2 year re-certification.

Compliance Manager

Primary Care Giver

Date | 8 | 1 G

11/8

Date

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11/9/2019 12:00 PM